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APPLICANTS

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** CONTINUING DATA *****
 This application is a CON of 10/454,269 06/04/2003 PAT 6,723,071
 which is a CON of 09/808,626 03/14/2001 PAT 6,592,549 *JH*

** FOREIGN APPLICATIONS *****
none JH

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/17/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 3	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
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Verified and Acknowledged *James Hill*
 Examiner's Signature Initials

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TITLE
 Rapid exchange stent delivery system and associated components

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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